This permit voids permit dated 4-1-99

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 80128 PIN# 4764995433PT DATE 9-3-99

OWNER OR CONTRACTOR Jeffry Kennedy PHONE: Business _____ Home 838 1223

ADDRESS 336 Millsaps Rd Statesville

LOCATION 64E TR New Salem TR Pottery 150yds on R

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.50 SITE CLASS P/S DESIGN FLOW 360 L.T.A.R. 0.2

Septic Tank: 1000 Gallons; STB 319 Date 12-3-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1800 Linear Feet 600
No Lines 6 Trench Width 36.0 Max Trench Bottom Depth 24.0 Gravel Depth 12.0

X New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: Gravity/Pump Conv
Maintenance Agreement Required: ☐ Yes X No

X House (Mod. Home) No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

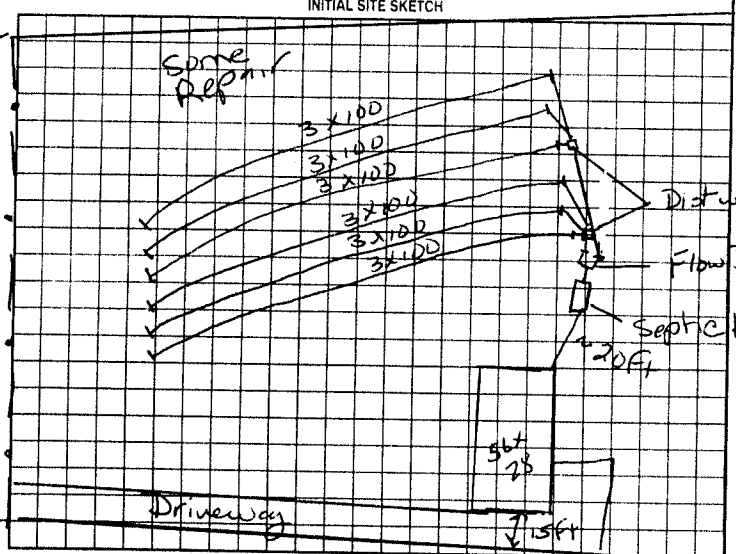
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

Comments/Conditions: X Additional Repair At Beginning of property Install 6 lines on contour using Flow Diverter to 2 Dist. Box.

Comments/Conditions ① SEPTIC TANK W/ MARKER WS MARKED USING "TUFTITE" FILTER
② MOTTLING OF CHROMA 2 OBSERVED IN TRENCHES AT DEPTH OF ~12"

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 9-3-99 Installed by: DAVID UMBARGER

Improvement Permit by: Mark Cofer date 9-3-99 Operation Permit by: STEVE HEDRICK date 5-8-00

Authorization to Construct by: Mark Cofer date 9-3-99 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK